

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 1-15, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Approval No 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		2. DATE SUBMITTED	App. Identifier
Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Southern California Association of Governments		Organizational Unit: Regional Planning Agency	
Address (give city, county, state and zip code): 818 W. 7th Street 12th Floor Los Angeles, CA 90017-3435		Name and telephone of the person to be contacted on matters involving this application (give area code) Mr. Charles Wagner 213-236-1817	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">9 5 - 2 4 0 9 6 4 9</div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): Joint Powers Authority	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">2 0 - 1 0 6</div> TITLE: AIRPORT IMPROVEMENT PROGRAM		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Counties of Los Angeles, Orange, Ventura, Riverside, San Bernardino and Imperial		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Perform regional aviation system planning, including Phase I work for the 2007 Regional Transportation Plan, (airport capacity analysis and aviation economic impact study), and collect and update aviation data.	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/01/05	Ending Date 09/30/06	a. Applicant 24	b. Project N/A
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>2/11/05</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$500,000		
b. Applicant	\$26,316		
c. State	.00		
d. Local	.00		
e. Other	.00		
f. Program Income	.00		
g. TOTAL	\$526,316	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes, If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name of Authorized Representative Mark Pisano		b. Title Executive Director	
d. Signature of Authorized Representative		c. Telephone (213) 236-1800	
		e. Date Signed 2-21-05	

RECEIVED

FEB 14 2005

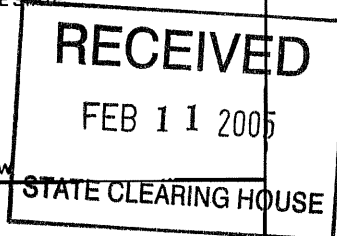
STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 19, 2005	Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
County of Imperial		Department: Airport		
Organizational DUNS:		Division:		
Address: Street: 1099 Airport Road		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Imperial		Prefix: Mr.	First Name: Stephen	
County: Imperial		Middle Name		
State: CA		Last Name Birdsall		
Zip Code 92251	Suffix:			
Country: USA		Email: stephenbirdsall@imperialcounty.net		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000924		Phone Number (give area code) (760) 355-7944		Fax Number (give area code) (760) 355-2485
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Imperial, CA / Imperial County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Imperial County Airport FY 2005 Entitlement Grant Application		
13. PROPOSED PROJECT Start Date: 02/05 Ending Date: 09/30/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant #51 b. Project #51		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 1,000,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 2005		
b. Applicant	\$ 52,632.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 1,052,632.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Stephen		Middle Name	
Last Name Birdsall	Suffix			
b. Title Airport Director	c. Telephone Number (give area code) (760) 482-4314			
d. Signature of Authorized Representative	e. Date Signed		3 Feb 05	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		2. DATE SUBMITTED	Applicant Identifier
Application		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Construction			
X Non-Construction			
5. APPLICATION INFORMATION			
Legal Name		Organization Unit:	
SIERRA ECONOMIC DEVELOPMENT DISTRICT			
Address (give city, county, state, and zip code): 560 WALL STREET STE F PLACER COUNTY AUBURN CA 95603		Name and telephone number of the person to be contacted on matters involving this application (give area code) ELIZABETH RILEY, (530) 823-4703	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-1705043		7. TYPE OF APPLICANT (enter appropriate letter in box) [N]	
8. TYPE OF APPLICATION [] New [X] Continuation [] Revision If Revision, enter appropriate letter(s) in box(s) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) EDD	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 11-302		9. NAME OF FEDERAL AGENCY ECONOMIC DEVELOPMENT ADMINISTRATION	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) EL DORADO, NEVADA, PLACER & SIERRA COUNTIES		11. DESCRIPTIVE TITLE OF APPLICATION PROJECT: ECONOMIC DEVELOPMENT PLANNING PROGRAM	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 4/1/2005	Ending Date 3/31/2006	a. Applicant b. Project JOHN DOOLITTLE 4 JOHN DOOLITTLE 4	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 76,000	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 3/4/2005	
b. Applicant		b. NO: [] PROGRAM IS NOT COVERED BY E.O. 12372 [] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? [] Yes If "Yes" attach and explanation [X] No	
d. Local	\$ 25,333		
e. Other			
f. Program Income			
g. TOTAL	\$ 101,333		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ARRANGEMENTS IF THE ASSISTANCE IS AWARDED			
Authorized Name of Authorized Representative ELIZABETH RILEY		b. Title PRESIDENT	
d. Signature of Authorized Representative <i>Elizabeth Riley</i>		c. Telephone number (530) 823-4703	
		c. Date Signed 2-16-05	



APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 2, 2005	Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Central Sierra Economic Development District		Organizational Unit: Department:		
Organizational DUNS: 157658485		Division:		
Address: Street: 53 West Bradford, Suite 200		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sonora		Prefix: Mr.	First Name: Larry	
County: Tuolumne		Middle Name		
State: CA		Last Name Busby		
Zip Code 95370		Suffix:		
Country:		Email: cspc@mlode.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2388681		Phone Number (give area code) 209-532-8960		Fax Number (give area code) 209-532-7599
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) B, K Other (specify) Economic Development District		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Public Works 11-300		9. NAME OF FEDERAL AGENCY: Economic Development Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tuolumne County and Tuolumne Rancheria		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of the Tuolumne Bypass		
13. PROPOSED PROJECT Start Date: June 1, 2005 Ending Date: October 31, 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19 b. Project 19		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 2,497,752.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 2, 2005		
b. Applicant	\$ 277,528.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 2,775,280.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.		First Name Larry		Middle Name
Last Name Busby		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) 209-532-8960		
d. Signature of Authorized Representative <i>L Busby</i>		e. Date Signed February 2, 2005		

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 3, 2005	Applicant Identifier																												
		3. DATE RECEIVED BY STATE	State Application Identifier																												
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																												
5. APPLICANT INFORMATION																															
Legal Name: City of Guadalupe		Organizational Unit: Police & Fire Department																													
Address (give city, county, State, and zip code): 918 Obispo St. Guadalupe CA 93434 County: Santa Barbara		Name and telephone number of person to be contacted on matters involving this application (give area code) Carmon Johnson (805) 343-1340 Ext 120																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> - <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div> </div>																													
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> - <div style="border: 1px solid black; padding: 2px; display: inline-block;">7</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> </div>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase of Fire Department Truck and Police vehicle																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Guadalupe																															
13. PROPOSED PROJECT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Start Date</td> <td style="width: 30%;">Ending Date</td> </tr> <tr> <td>July 1</td> <td>Dec 30</td> </tr> </table>				Start Date	Ending Date	July 1	Dec 30																								
Start Date	Ending Date																														
July 1	Dec 30																														
14. CONGRESSIONAL DISTRICTS OF: a. Applicant City of Guadalupe		b. Project Emergency Respond Vehicles																													
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 20%;">\$ 30,800</td> <td style="width: 20%;"></td> <td style="width: 40%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$ 25,200</td> <td></td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 56,000</td> <td></td> <td></td> </tr> </table>		a. Federal	\$ 30,800			b. Applicant	\$ 25,200			c. State	\$			d. Local	\$			e. Other	\$			f. Program Income	\$			g. TOTAL	\$ 56,000			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 30,800																														
b. Applicant	\$ 25,200																														
c. State	\$																														
d. Local	\$																														
e. Other	\$																														
f. Program Income	\$																														
g. TOTAL	\$ 56,000																														
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																													
		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																													
a. Type Name of Authorized Representative Carolyn Galloway-Cooper		b. Title City Administrator																													
d. Signature of Authorized Representative 		c. Telephone Number (805) 343-1340 ext 101 e. Date Signed 1/31/05																													

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 2-8-05		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY FEB - 9 2005		Federal Identifier	
Legal Name: Glenn County Office of Education			Organizational Unit: Department: Glenn County Office of Education		
Organizational DUNS: 10-0009943			Division:		
Address: Street: 525 West Sycamore Street City: Willows County: Glenn State: California Zip Code: 95988			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Joni Middle Name: Kay Last Name: Samples Suffix: Dr. Email: jsamples@glenncoe.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6002753			Phone Number (give area code) 530-934-6575		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) N Other (specify) County Office of Education		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Facilities Loan 10-766			9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Glenn County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase approximately 22,000 square foot, two story building with 96 parking spaces to consolidate current staff in multiply rentals, some of which are scheduled for demolition in July 2005, with others having their lease terminate in 2008.		
13. PROPOSED PROJECT Start Date: Ending Date:			14. CONGRESSIONAL DISTRICTS OF: a. Applicant Wally Herger b. Project		
15. ESTIMATED FUNDING: a. Federal \$ 2,500,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 2,500,000			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW OF DATE: 2-8-05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			17. IS THE APPLICANT DELINQUENT IN ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative Prefix: Ms. First Name: Joni Middle Name: Kay Last Name: Samples Suffix: Dr. b. Title: Superintendent c. Telephone Number (give area code): 530-934-6575 d. Signature of Authorized Representative: Joni Samples e. Date Signed: 2/8/05					

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 2-8-05	Applicant Identifier	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Glenn County Office of Education		Organizational Unit: Department: Glenn County Office of Education		
Organizational DUNS: 10-0009943		Division:		
Address: Street: 525 West Sycamore Street City: Willows County: Glenn State: California Zip Code 95988 Country: United States		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Joni Middle Name: Kay Last Name: Samples Suffix: Dr. Email: jsamples@glenncoe.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6002753		Phone Number (give area code) 530-934-6575		Fax Number (give area code) 530-934-6576
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) N Other (specify) County Office of Education		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Facilities Loan 10-766		9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Glenn County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase approximately 22,000 square foot, two story building with 96 parking spaces to consolidate current staff in multiply rentals, some of which are scheduled for demolition in July 2005, with others having their lease terminate in 2008.		
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Wally Heger b. Project		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 2,500,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 2-8-05		
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 2,500,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Ms.	First Name Joni	Middle Name Kay		
Last Name Samples		Suffix Dr.		
b. Title Superintendent		c. Telephone Number (give area code) 530-934-6575		
d. Signature of Authorized Representative <i>Joni Samples</i>		e. Date Signed 2/8/05		

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION																						
Legal Name: San Jose State University Foundation	Organizational Unit: Department: Moss Landing Marine Laboratories Division:																					
Organizational DUNS: 05-682-0715	Division:																					
Address: Street: 210 North Fourth Street, 4th Floor City: San Jose County: Santa Clara State: California Zip Code: 95112-5569	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. First Name: Kenneth Middle Name: Last Name: Coale Suffix:																					
Country: U.S.A.	Email: coale@mlml.calstate.edu																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6017638	Phone Number (give area code) (831) 771-4406 Fax Number (give area code) (831) 632-4403																					
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="radio"/> O Other (specify)																					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-473 TITLE (Name of Program): Coastal Services Center	9. NAME OF FEDERAL AGENCY: Dept. of Commerce, NOAA 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The California State University Center for Integrative Coastal Ocean Research																					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 16 b. Project 16																					
13. PROPOSED PROJECT Start Date: 8/1/05 Ending Date: 7/31/06	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 2/4/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																					
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>2,402,317.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>2,402,317.00</td> </tr> </table>	a. Federal	\$	2,402,317.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	2,402,317.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	2,402,317.00																				
b. Applicant	\$.00																				
c. State	\$.00																				
d. Local	\$.00																				
e. Other	\$.00																				
f. Program Income	\$.00																				
g. TOTAL	\$	2,402,317.00																				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																						
a. Authorized Representative <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Prefix Dr.</td> <td>First Name Pamela</td> <td>Middle Name C.</td> </tr> <tr> <td colspan="2">Last Name Stacks</td> <td>Suffix</td> </tr> <tr> <td colspan="2">b. Title Interim AVP Graduate Studies and Research</td> <td>c. Telephone Number (give area code) (408) 924-2427</td> </tr> <tr> <td colspan="2">d. Signature of Authorized Representative <i>Pamela C Stacks</i></td> <td>e. Date Signed 2/4/05</td> </tr> </table>			Prefix Dr.	First Name Pamela	Middle Name C.	Last Name Stacks		Suffix	b. Title Interim AVP Graduate Studies and Research		c. Telephone Number (give area code) (408) 924-2427	d. Signature of Authorized Representative <i>Pamela C Stacks</i>		e. Date Signed 2/4/05								
Prefix Dr.	First Name Pamela	Middle Name C.																				
Last Name Stacks		Suffix																				
b. Title Interim AVP Graduate Studies and Research		c. Telephone Number (give area code) (408) 924-2427																				
d. Signature of Authorized Representative <i>Pamela C Stacks</i>		e. Date Signed 2/4/05																				

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986 6. D U N S Number: 808321913		4. Date Rec'd by Federal	Federal Identifier L 00941105
8. Type of Application: ____ New ____ <input checked="" type="checkbox"/> Revision ____ Continuation ____ If Revision, enter appropriate letter(s): <u>A</u> ____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> ____ A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.804 Title: State Underground Storage Tank Program		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) California		11. Descriptive Title of Applicant's Project: Development and implementation of regulatory programs for the prevention, detection, and correction of leaking USTs containing petroleum and hazardous substances.	
13. Proposed Project: Start Date 7/1/2004 End Date 6/30/2005		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$20,124 b. Applicant \$0 c. State \$6,708 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$26,832		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: February 9, 2005 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation ____ NO	
a. Typed Name of Authorized Representative Celeste Cantú	b. Title: Executive Director	c. Telephone Number (916) 341-5615	
d. Signature of Authorized Representative		e. Date Signed:	

RECEIVED

FEB 09 2005

STATE CLEARING HOUSE

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 2/7/05	Applicant Identifier
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: The Regents of the University of California		Organizational Unit: Department: Institute of Marine Sciences	
Organizational DUNS: 12-508-4723		Division:	
Address: Street: University of California, Santa Cruz 1156 High Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Cindy	
City: Santa Cruz		Middle Name L.	
County: Santa Cruz		Last Name Plasman	
State: CA		Suffix:	
Zip Code 95064		Email: cplasman@ucsc.edu	
Country: United States		Phone Number (give area code) (831) 459-2520	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1539563		Fax Number (give area code) (831) 459-5353	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) 1		7. TYPE OF APPLICANT: (See back of form for Application Types) 1 - State Controlled Institution of Higher Learning Other (specify)	
Other (specify) Continuation: NA160C2936		9. NAME OF FEDERAL AGENCY: NOAA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-473		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: From Wind to Whales: Using an Integrated Ocean Observation System to Understand California's Upwelling Ecosystem	
TITLE (Name of Program): Coastal Services Center			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Santa Cruz, Monterey and San Mateo Counties, CA			
13. PROPOSED PROJECT Start Date: 8/1/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17th	
Ending Date: 7/31/08		b. Project 17th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 7,512,896.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 4, 2005	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 7,512,896.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.		First Name William	
Last Name Clark		Middle Name	
b. Title Director, Office of Sponsored Projects		Suffix	
c. Telephone Number (give area code) (831) 459-5278		e. Date Signed 2/2/2005	
d. Signature of Authorized Representative			

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-03-0683-01
Budget Number:	2 - Budget Pending Approval
Project Information:	FY04/05 Fixed Guideway

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FEB 07 2005

STATE CLEARING HOUSE

Part 1: Recipient Information

Project Number:	CA-03-0683-01
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$21,023,150
Project Number:	CA-03-0683-01	Adjustment Amt:	\$0
Project Description:	FY04/05 Fixed Guideway	Total Eligible Cost:	\$21,023,150
Recipient Type:	Transit Authority	Total FTA Amt:	\$16,818,520
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	\$0
Recipient Contact:	Gladys Lowe 213.922.2459	Total Local Amt:	\$4,204,630
New/Amendment:	Amendment	Other Federal Amt:	\$0
Amend Reason:	Increase Award	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jul. 01, 2004 - Sep. 30, 2008	Est. Oblig Date:	None Specified
Rec'd By State:		Pre-Award Authority?	Yes

EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2004
Program Page:	19-25
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

ate ID	District Code	District Official
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon
6	38	Grace F Napolitano
6	39	Linda T Sanchez
6	42	Gary G Miller
6	46	Dana Rohrabacher

Project Details

**APPLICATION FOR
FEDERAL ASSISTANCE**

2. DATE SUBMITTED

2/1/05

Applicant Identifier

1. TYPE OF SUBMISSION:

Application

☒ Construction☐ Non-Construction

Preapplication

☒ Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

COUNTY OF SAN DIEGOOrganizational Unit: **LAND USE AND ENVIRONMENT GROUP**Department: **PUBLIC WORKS**Organizational DUNS: **00-9581646**Division: **AIRPORTS**

Address:

Street: **1960 Joe Crosson Drive**

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix:

First Name: **Sherry**City: **El Cajon**

Middle Name:

County: **San Diego**Last Name: **Miller**State: **CA**Zip Code: **92020**

Suffix:

Country: **USA**Email: **sherry.miller@sdcounty.ca.gov****6. EMPLOYER IDENTIFICATION NUMBER (EIN):**

Phone number (give area code):

FAX number (give area code):

9 5 - 6 0 0 0 9 3 4**619-956-4837****619-956-4801**

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es):
(See back of form for description of letters)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

B

Other (specify)

9. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER**2 0 - 1 0 6**

TITLE:

9. NAME OF FEDERAL AGENCY

Federal Aviation Administration

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Carlsbad, CA

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

McClellan-Palomar Airport - Runway, Taxiway and Safety Area Improvements Phase I:**13. PROPOSED PROJECT**

Start Date

TBD

Ending Date

TBD**14. CONGRESSIONAL DISTRICTS OF**

a. Applicant

52

b. Project

51**15. ESTIMATED FUNDING**

a. Federal	\$	3,780,000	.00
b. Applicant	\$	420,000	.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program income	\$.00
g. TOTAL	\$	4,200,000	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESSa. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ONDATE: **2/1/05**b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**☐ Yes If "Yes" attach an explanation☒ No**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

a. Authorized Representative

Prefix

First Name **PETER**

Middle Name

Last Name **DRINKWATER**

Suffix

b. Title **AIRPORTS DIRECTOR**

c. Telephone number (give area code)

619-956-4839

Signature of Authorized Representative

e. Date Signed **2/1/05**

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 2/1/05	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction
--	---

5. APPLICANT INFORMATION

Legal Name: COUNTY OF SAN DIEGO	Organizational Unit: Land Use and Environment Group
Organizational DUNS: 00-9581646	Department: Department of Public Works
Address: Street: 1960 Joe Crosson Dr.	Division: Airports
City: El Cajon	Name and telephone number of person to be contacted on matters involving this application (give area code)
County: San Diego	Prefix: First Name: Sherry
State: CA Zip Code: 92020	Middle Name:
Country: USA	Last Name: Miller
	Suffix:
	Email: sherry.miller@sdcounty.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	5	-	6	0	0	0	9	3	4	
---	---	---	---	---	---	---	---	---	---	--

Phone number (give area code): 619-956-4800	FAX number (give area code): 619-956-4801
---	---

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☒ Revision

If Revision, enter appropriate letter(s) in box(es):
(See back of form for description of letters)

A	
---	--

Other (specify)

change in scope to include perimeter road

7. TYPE OF APPLICANT: (See back of form for Application Types)

B

Other (specify)

9. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2	0	-	1	0	6
---	---	---	---	---	---

TITLE: **Airports Improvement Program**

9. NAME OF FEDERAL AGENCY

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Gillespie Field - West Transient Ramp and Perimeter Road :

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

County of San Diego, State of California

13. PROPOSED PROJECT

Start Date

TBD

Ending Date

TBD

15. ESTIMATED FUNDING

a. Federal	\$	2,612,500	.00
b. Applicant	\$	6,875	.00
c. State	\$	130,625	.00
d. Local	\$.00
e. Other	\$.00
f. Program income	\$.00
g. TOTAL	\$	2,750,000	.00

14. CONGRESSIONAL DISTRICTS OF

a. Applicant

52

b. Project

52

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: **3/15/04**b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix	First Name PETER	Middle Name
Last Name DRINKWATER	Suffix	
b. Title Airports Director	c. Telephone number (give area code) 619-956-4800	
Signature of Authorized Representative		e. Date Signed 2/1/05

**APPLICATION FOR
FEDERAL ASSISTANCE**

2. DATE SUBMITTED

2/1/05

Applicant Identifier

1. TYPE OF SUBMISSION:

Application

☒ Construction☐ Non-Construction

Preapplication

☒ Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

COUNTY OF SAN DIEGOOrganizational Unit: **LAND USE AND ENVIRONMENT GROUP**Department: **PUBLIC WORKS**Organizational DUNS: **00-9581646**Division: **AIRPORTS**

Address:

Street: **1960 Joe Crosson Drive**

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix:

First Name: **Sherry**City: **El Cajon**

Middle Name:

County: **San Diego**Last Name: **Miller**State: **CA**Zip Code: **92020**

Suffix:

Country: **USA**Email: **sherry.miller@sdcounty.ca.gov****6. EMPLOYER IDENTIFICATION NUMBER (EIN):**

Phone number (give area code):

FAX number (give area code):

9 5 - 6 0 0 0 9 3 4**619-956-4837****619-956-4801**

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es):
(See back of form for description of letters)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

B

Other (specify)

9. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER**2 0 - 1 0 6**

TITLE:

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Ramona, California**13. PROPOSED PROJECT**

Start Date

TBD

Ending Date

TBD**15. ESTIMATED FUNDING**a. Federal \$ **150,000** .00b. Applicant \$ **375** .00c. State \$ **7,500** .00

d. Local \$.00

e. Other \$.00

f. Program income \$.00

g. TOTAL \$ **157,875** .00**9. NAME OF FEDERAL AGENCY****Federal Aviation Administration****11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:****Ramona Airport - Construct ATCT Access Rd :****14. CONGRESSIONAL DISTRICTS OF**

a. Applicant

52

b. Project

52**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS**a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ONDATE: **2/1/05**b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**☐ Yes If "Yes" attach an explanation☒ No**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

a. Authorized Representative

Prefix First Name **PETER**

Middle Name

Last Name **DRINKWATER**

Suffix

b. Title **AIRPORTS DIRECTOR**

c. Telephone number (give area code)

619-956-4839

Signature of Authorized Representative

e. Date Signed **2/1/05**

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED January 30, 2005	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Daytop Village Foundation, Inc.	Organizational Unit: Non-Profit
Address (give city, county, State, and zip code): 54 West 40th Street New York, New York 10018	Name and telephone number of person to be contacted on matters involving this application (give area code) Kathleen Espejo (916) 683-2064

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2 2 — 2 9 2 3 9 2 1 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">N</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>
---	--

8. TYPE OF APPLICATION:

☒ New
 ☐ Continuation
 ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award
D. Decrease Duration

B. Decrease Award
Other(specify): _____

C. Increase Duration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 — 7 6 6 </div>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase property and build facility for Residential Group Home for Adolescent Substance Abuse Treatment Center
---	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Galt California County of Sacramento

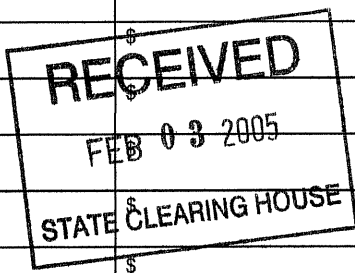
13. PROPOSED PROJECT Start Date: 2/1/05 Ending Date: 7/1/05	14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project
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15. ESTIMATED FUNDING: <table style="width:100%;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>c. State</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>d. Local</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>e. Other</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">0.00</td></tr> </table>	a. Federal	\$.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	0.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 01/30/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$.00																				
b. Applicant	\$.00																				
c. State	\$.00																				
d. Local	\$.00																				
e. Other	\$.00																				
f. Program Income	\$.00																				
g. TOTAL	\$	0.00																				

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

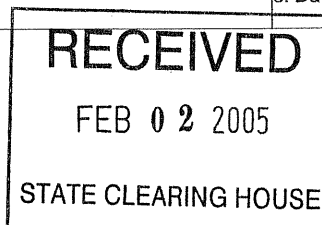
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type/Name of Authorized Representative (Rev) Joseph H. Hennen	b. Title Vice-President	c. Telephone Number (973) 668-8648
d. Signature of Authorized Representative 		e. Date Signed 1/2/05



APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 1, 2005	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Self-Help Home Improvement Project		Organizational Unit: Department:	
Organizational DUNS: 088852603		Division:	
Address: Street: 3777 Meadowview Dr. #100		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Redding		Prefix:	First Name: Keith
County: Shasta		Middle Name	
State: CA		Last Name Griffith	
Zip Code 96002		Suffix:	
Country: U.S.A.		Email: kggriffith@shhip.org/kggrif@shhip.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2990678		Phone Number (give area code) 5 530-378-6900	Fax Number (give area code) 530-378-6910
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Non-Profit Corp Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-420		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Shasta and Tehama counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Application for funding of rural Self-Help Housing Technical assistance for the construction of 44 units in the two year period 2005-2007.	
13. PROPOSED PROJECT Start Date: 04/01/2005 Ending Date: 03/31/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1st CD California b. Project 1st CD California	
15. ESTIMATED FUNDING: a. Federal \$ 880,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 880,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix Last Name Griffith		First Name Keith Middle Name Suffix	
b. Title Executive Director		c. Telephone Number (give area code) 530-378-6900	
d. Signature of Authorized Representative		e. Date Signed 2/1/05	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE (SF 424)

		2. DATE SUBMITTED February 1, 2005	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE January 27, 2005	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name STATE OF CALIFORNIA		Organizational Unit: OFFICE OF HISTORIC PRESERVATION	
Address (give city, county, state, and zip code): P.O. BOX 942896 SACRAMENTO, CA 94296-0001 (Sacramento County) 6400 -06 -067		Name and telephone number of the person to be contacted on matters involving this application (give area code) MILFORD WAYNE DONALDSON FAIA, State Historic Preservation Officer (916) 653-6624	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): _9_ _4_ _6_ _0_ _0_ _1_ _3_ _4_ _7_		9. NAME OF FEDERAL AGENCY: National Park Service (1443)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If revision, enter appropriate letter(s) in spaces below: A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		<div style="border: 2px solid black; padding: 5px; text-align: center; width: fit-content; margin: 0 auto;"> RECEIVED FEB 02 2005 STATE CLEARING HOUSE </div> 10. TYPE OF APPLICANT: (enter appropriate letter in box): <u>A</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>1</u> <u>5</u> - <u>9</u> <u>0</u> <u>4</u> TITLE: <u>HISTORIC PRESERVATION</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ANNUAL APPLICATION FOR FEDERAL FY 04 (60/40) FROM HISTORIC PRESERVATION FUND FOR ACTIVITIES RELATED TO THE REQUIREMENTS OF THE NATIONAL HISTORIC PRESERVATION ACT, INCLUDING PLANNING, IDENTIFICATION AND PROTECTION OF HISTORIC PROPERTIES STATEWIDE.	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): STATEWIDE			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date 10/01/04	Ending Date 09/30/05	a. Applicant STATE OF CALIFORNIA	b. Project SEE # 11 ABOVE.
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$1,004,702	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>02-01-2005</u> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$00		
c. State	\$585,934		
d. Local	\$72,543		
e. Other	\$11,333		
f. Program Income	\$00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$1,674,512	<input checked="" type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded			
a. Typed Name of Authorized Representative MILFORD WAYNE DONALDSON FAIA		b. Title STATE HISTORIC PRESERVATION OFFICER	c. Telephone Number (916) 653-6624
d. Signature of Authorized Representative <i>Milford Wayne Donaldson</i>		e. Date Signed 2/19/03	

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 2-27-05	Applicant Identifier State Application Identifier Federal Identifier														
5. APPLICANT INFORMATION Legal Name: Ms. Janelle Maree' DeShazer Organizational DUNS: RECEIVED Address: Street: 14272 Hoover St. #18 City: Westminster County: Orange State: CA Zip Code: 92683 Country: USA		3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 01 2005 STATE CLEARING HOUSE </div> Organizational Unit: Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Janelle Middle Name: Maree' Last Name: DeShazer Suffix: Email: Phone Number (give area code): 714) 901-4894 Fax Number (give area code): NO 7. TYPE OF APPLICANT: (See back of form for Application Types) L. Individual Other (specify): Retired + Handy capped = SSI + SSI Income 9. NAME OF FEDERAL AGENCY: Office of Community Planning Development 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Real property Improvement = outside paint - new shower walls - House leveled - new floor Kitchen - some siding repair and personal															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 54-7885695 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 14-247 14.181 16.108 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Westminster, Orange, CA															
13. PROPOSED PROJECT Start Date: 2-27-05 Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Janelle b. Project															
15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td style="text-align: right;">\$.00</td></tr> <tr><td>b. Applicant</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>c. State</td><td style="text-align: right;">\$.00</td></tr> <tr><td>d. Local</td><td style="text-align: right;">\$.00</td></tr> <tr><td>e. Other</td><td style="text-align: right;">\$.00</td></tr> <tr><td>f. Program Income</td><td style="text-align: right;">\$.00</td></tr> <tr><td>g. TOTAL</td><td style="text-align: right;">\$ 5,000</td></tr> </table>		a. Federal	\$.00	b. Applicant	\$ 5,000	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$ 5,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$.00																
b. Applicant	\$ 5,000																
c. State	\$.00																
d. Local	\$.00																
e. Other	\$.00																
f. Program Income	\$.00																
g. TOTAL	\$ 5,000																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix: First Name: Ms. Janelle Middle Name: Maree' Last Name: DeShazer Suffix: b. Title: Ms. c. Telephone Number (give area code): 714) 901-4894 d. Signature of Authorized Representative e. Date Signed: 1-27-05																	

JAN 27 2005

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3/30/04	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: African American Farmers of California		Organizational Unit:	
Address (give city, county, State, and zip code): 3343 S Walnut Ave Fresno, CA 93706		Name and telephone number of person to be contacted on matters involving this application (give area code) Joanne Powell (559) 442-0267	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0527475		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input checked="" type="checkbox"/> N. Other (Specify) <u>Non Profit</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Training Program	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno California (County)			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: 19, 20, 21	
Start Date 04/04	Ending Date 04/05	a. Applicant 20	b. Project 19, 20, 21
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 50,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$		
e. Other Matching	\$ 23,224		
f. Program Income	\$		
g. TOTAL	\$ 73,224	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Will Scott		b. Title President	c. Telephone Number (559) 442-1893
d. Signature of Authorized Representative <i>Will Scott</i>		e. Date Signed 6-7-04	